

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WYCO, Inc.
P.O. Box 150846
Nashville, TN 37215

10-16-02
01-224

2. Article Number (Copy from service label)

0023 0771 3549

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

DOCKET NO. 01-224

CERTIFIED

MAIL

RETURN

RECEIPT

NAME: WYCO, Inc.
P.O. Box 150846
Nashville, TN 37215

BY

ORDER DATED

10-16-02

DA 02-2818

FCC

MIMEOGRAPH NO.

RECEIVED & INSPECTED
OCT 31 2002
FCC-MAILROOM
E: R: R: NO.

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage

\$ 1.67

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.70

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 4.42

Name (Please Print Clearly) (to be completed by mailer)

WYCO, Inc.

Street, Apt. No., or P.O. Box No.

P.O. Box 150846

City, State, ZIP+4

Nashville, TN 37215

PS Form 3800, July 1999

See Reverse for Instructions

HAMPTON PK FIN DIV 02
CAPITAL HGT 01-224
OCT 31 2002
MD-USPS 20791
C1-C203

7000 0600 0 23 0771 3549